

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF LOUISIANA
MONROE DIVISION

LANE CARTER

CIVIL ACTION NO. 3:18-CV-00068

VS.

SECTION P

JUDGE TERRY A. DOUGHTY

JACQUES DERR, ET AL

MAG. JUDGE KAREN L. HAYES

STATE OF LOUISIANA

PARISH OF WINN

AFFIDAVIT OF KAREN TYLER

BEFORE ME, the undersigned Notary Public, personally came and appeared KAREN TYLER, who being duly sworn did depose and say:

1. I am more than 18 years of age and all statements contained herein are based on my personal knowledge.
2. I am presently employed as Secretary/Treasurer for the Winn Parish Police Jury (the "Police Jury"), and have worked in that position since May 2008.
3. As Secretary/Treasurer, I oversee the day-to-day operations of the Police Jury Office. My duties, among other responsibilities, include responding to maintenance and repair requests relating to the Winn Parish Jail (the "Jail").
4. From my personal experience, I can attest it is the practice of the Police Jury to respond to plumbing maintenance and repair requests (for the Jail) immediately upon notification, or as soon thereafter as work can be scheduled, depending on the availability of the Police Jury's independent plumbing contractor. As a matter of course, the Police Jury requests immediate service in order to solve any plumbing problem, and to prevent any such problem from intensifying, or creating additional problems that may result from a continuing, unresolved condition. In all instances the Police Jury seeks to have plumbing repairs completed within 4 days of notification of any plumbing problem.



5. As part of my duties, I serve as custodian of maintenance and repair records for the Jail. Subsequent to the filing of the above captioned litigation matter, I examined the Police Jury maintenance and repair records for the Jail, as those records relate to plumbing repairs for Jail Cell No. 3, for the period January 1, 2015 through August 21, 2018. As custodian of those records, I hereby certify that the records attached hereto as Affidavit Appendix A are true and correct copies of all plumbing maintenance and repair records for Jail Cell No. 3 during January 1, 2015 through August 21, 2018.
6. The Appendix A records do not reflect any repair requests relating to the shower floor in Jail Cell No. 3 at any time prior to, or immediately after Lane Carter's alleged fall in the Jail shower on August 20, 2017. The Appendix A records do show the repair of a "water leak" in Jail Cell No. 3 on October 16, 2017 (see Appendix A, p. 10), although the Police Jury records of complaints do not reflect that any prisoner slipped and fell as a result of any "water leak" in Jail Cell No. 3; moreover, the "water leak" repair order was made almost two months after Lane Carter's August 20, 2017 alleged fall in the shower. The Appendix A records (at p. 10) also show a repair entry for October 17, 2017, which notes: "Shower Cell 3 Leaking, Bottom of Showers Have Pin Holes in Them" (*Id.*). This repair entry is in conjunction with the October 16, 2017 "water leak" entry, and was also reported almost two months after the August 20, 2017 fall alleged by Lane Carter.
7. The Police Jury also maintains financial, accounting and miscellaneous other records relating to the Jail. Such records include complaints from any source relating the Jail. These records are kept for a period of 10 years. I examined the records of complaints, and found no record of any complaint by Lane Carter as to any condition at the Jail. Additionally, the referenced records contain no complaints regarding holes in milk crates in the Cell No. 3 shower; nor is there any complaint regarding prisoners falling as a result of holes in milk crates in the Cell No. 3 shower. Further, my review of these records revealed no record of any complaint by any person relating to the absence of handrails in any Jail shower; there is also no maintenance or repair record of any person requesting the placement of handrails in the Cell No. 3 shower. The referenced records do not show any record of any inmate or detainee ever falling in a Jail shower due to the absence of handrails. The Police Jury has no record of any problem or potential problem relating to the absence of handrails in the Cell No. 3 shower.
8. The above referenced financial, accounting and miscellaneous other records also include photographs taken of Jail Cell No. 3 during September of 2018. As custodian of those records, I attest the three photographs attached here to as Affidavit Appendix B are true and correct copies of the Police Jury photographs of Jail Cell No. 3.
9. The milk crates on the floor of Jail Cell No. 3 (shown in two of the Appendix B photographs) were not placed there by the Police Jury, nor are the crates the subject

of any maintenance or repair activities undertaken by the Police Jury. Further, the placement of milk crates on the shower floor of Cell No. 3 is not the type of "maintenance" or "repair" that would be undertaken by the Police Jury with regard to maintaining the Jail. Additionally, the Police Jury maintenance and repair records do not show any request for the placement of milk crates or any other material on the floor of Jail Cell No. 3.

10. The Police Jury relies on Jackson Parish Ambulance Service ("JPAS") to provide emergency medical transport for prisoners who are injured at the Jail. JPAS provided transport to Lane Carter following his alleged fall on August 20, 2017. I am also custodian of records relating to services provided to the Police Jury by JPAS, and I attest the records attached hereto as Appendix C are true and correct copies of documents submitted to the Police Jury by JPAS in relation to its providing of emergency medical transport to Lane Carter on August 20, 2017.

Karen Tyler
KAREN TYLER

SWORN TO AND SUBSCRIBED before me, Notary Public, this 30th day of October, 2018, at Winnfield, Louisiana.

Constance Beard
NOTARY PUBLIC
Printed Name Constance Beard
Notary/Bar Roll No. 151740
My commission expires at death

Apr 20 2015 12:31PM Jwp 3188991454

page 1

Johnny Williams Plumbing, LLC
 6461 Hwy. 8
 Bentley, LA 71407
 318-899-5685
 LMP 4475

Invoice

Date	Invoice #
4/20/2015	2015-0359


Bill To

WINN POLICE JURY
 ATTENTION: KAREN TYLER
 P O DRAWER 951
 WINNFIELD, LA. 71483

POSTED
 4/20/15

Ship To

JAIL

RECEIVED
 APR 20 2015
 BY: 

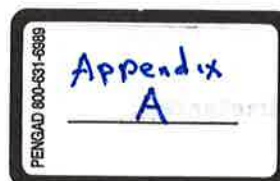
VENDOR J1527-1
 GLC 870-01-275-610
 INV # 2015-0359

Terms	
Due on receipt	

Item Code	Description	Amount
LABOR	04-15-15	
MATERIAL	FURNISHED AND INSTALLED NEW SHOWER VALVE IN CELL 3	
	LABOR	220.00
	MATERIAL	235.00
Terms: Due upon Receipt. Work is completed when invoice is remitted for payment. Delinquent accounts will be charged late fees at the maximum allowed by law. Collection/attorney's fees are the responsibility of the customer. \$25 fee will be charged on all returned checks plus any bank charges.		
Total		\$455.00

APR-20-2015 01:30 PM

From:3188991454



Page:001

R=94%

WINN PARISH POLICE JURY
PO BOX 951
WINNFIELD, LA 71483

DATE	4-20-15	REQUISITION NO.
------	---------	-----------------

TO

SHIP TO

John Williams Plumbing

[illegible]

1. Please send _____ copies of your invoice.
2. Order is to be entered in accordance with prices, delivery and specifications shown above.
3. Notify us immediately if you are unable to ship as specified.
4. Our order number must appear on all invoices, packages and correspondence.

AUTHORIZED, BY:

LASALLE PRINTING & OFFICE SUPPLY

Apr 21 2016 7:24AM

page 1

Johnny Williams Plumbing, LLC

6461 Hwy. 8
Bentley, LA 71407
318-899-5685
LMP 4475

Invoice

Date	Invoice #
4/21/2016	2016-0352

Bill To

WINN POLICE JURY
ATTENTION: KAREN TYLER
P O DRAWER 951
WINNFIELD, LA. 71483

Ship To

JAIL

Terms	
Due on receipt	

Item Code	Description	Amount
LABOR MATERIAL	04-12-16 FOUND LEAK ON PRISON FIXTURE SHOWER HEAD, ORDERED PART 04-18-16 FURNISHED AND INSTALLED PRISON SHOWER HEAD IN CELL THREE LABOR MATERIAL VENDOR <u>51527-1</u> GLC <u>200-01-275-610</u> INV # <u>2016-0352</u> RECEIVED APR 25 2016 BY: <u>GD</u>	380.00 423.00
POSTED 4/27/16		
Terms: Due upon Receipt. Work is completed when invoice is remitted for payment. Delinquent accounts will be charged late fees at the maximum allowed by law. Collection/attorney's fees are the responsibility of the customer. \$25 fee will be charged on all returned checks plus any bank charges.		Total \$803.00

WINN PARISH POLICE JURY
PO BOX 951
WINNFIELD, LA 71483

DATE	4-21-16	REQUISITION NO.
------	---------	-----------------

TO

SHIP TO

Tobias Williams Plumbing

Sales Tax

[illegible]

1. Please send copies of your invoice.
2. Order is to be entered in accordance with prices, delivery and specifications shown above.
3. Notify us immediately if you are unable to ship as specified.
4. Our order number must appear on all invoices, packages and correspondence.

AUTHORIZED BY:

WASALIFE PRINTING & OFFICE SUPPLY

MAINTENANCE WORK ORDER FORM.

DATE: 8/15/16 TIME: 8:00 AM

DESCRIPTION OF MAINTENANCE NEEDED: The bathroom (toilet)
is not working properly, "Cell #3 Block C"
Also, an A/C unit in front of cell #3 is not
working at all

WARDEN SIGNATURE: [Signature]

* A/C in Warden's ofc is not cooling, B2
Still.

MAINTENANCE RESPONSE TO WORK ORDER FORM: Replaced A/C unit in front
of cell #3 with a brand new A/C unit. We got the toilet
to work properly but it seem to be stopped-up with something.

DATE WORK COMPLETED: 8/15/16

SIGNATURE: Alenard T. Jales

waiting on
new unit
to come.
8/15/16

Sep 06 2016 1:58PM

page 1

Johnny Williams Plumbing, LLC

6461 Hwy. 8
Bentley, LA 71407
318-899-5685
LMP 4475

Invoice

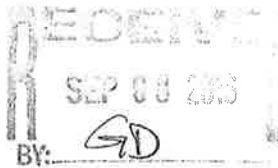
Date	Invoice #
9/6/2016	2016-0983

Bill To

WINN POLICE JURY
ATTENTION: KAREN TYLER
P O DRAWER 951
WINNFIELD, LA. 71483

Ship To

COURTHOUSE



Terms	
Due on receipt	

Item Code	Description	Amount
LABOR EQUIP	08-29-16 UNSTOPPED TOILET IN CELL # 3, REMOVED TOOTHBRUSH AND PLASTIC ITEMS LABOR EQUIPMENT	255.00 25.00
<p>VENDOR J1527-1 GLC 270-01-275-615 INV # 2016-0983</p>		
<p>Terms: Due upon Receipt. Work is completed when invoice is remitted for payment. Delinquent accounts will be charged late fees at the maximum allowed by law. Collection/attorney's fees are the responsibility of the customer. \$25 fee will be charged on all returned checks plus any bank charges.</p>		<p>Total \$280.00</p>

WINN PARISH POLICE JURY
PO BOX 951
WINNFELD, LA 71483

DATE	9-7-16	REQUISITION NO.
------	--------	-----------------

TO

SHIP TO

Johnny Williams

Sales Tax

[illegible]

1. Please send _____ copies of your invoice.
2. Order is to be entered in accordance with prices, delivery conditions and specifications shown above.
3. Notify us immediately if you are unable to ship as specified.
4. Our order number must appear on all invoices, packages and correspondence.

AUTHORIZED BY:

ASAC/PRINTING & OFFICE SUPPLY

Johnny Williams Plumbing, LLC

6461 Hwy. 8
Bentley, LA 71407
318-899-5685
LMP 4475



Date	Invoice #
9/27/2017	2017-1087

Bill To
WINN POLICE JURY ATTENTION: KAREN TYLER P O DRAWER 951 WINNFIELD, LA. 71483

Ship To
COURTHOUSE JAIL

VENDOR 51527-1
GLC 270-01-275-610
NV # 2017-1087

POSTED
10/13/17

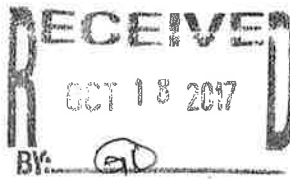
Terms
Due on receipt

Item	Description	Amount
LABOR	09-26-17 REPLACED SHOWER VALVE FOR CELL 2 & 3, ADJUSTED TEMP ON WATER, CHECKED SINK IN ICE MACHINE ROOM	375.00
MATERIAL	LABOR MATERIAL	499.00

Terms: Due upon receipt. Work is completed when invoice is remitted for payment.
Delinquent accounts will be charged late fees at the maximum allowed by law.
Collection/attorney's fees are the responsibility of the customer. \$25 fee will be charged on
all returned checks plus any bank charges.

Total \$874.00

Johnny Williams Plumbing, LLC
 6461 Hwy. 8
 Bentley, LA 71407
 318-899-5685
 LMP 4475



VENDOR 51527-1
 GLC 200-01-275-615
 INV# 2017-1188

Date	Invoice #
10/18/2017	2017-1188

Bill To
WINN POLICE JURY ATTENTION: KAREN TYLER P O DRAWER 951 WINNFIELD, LA. 71483

Ship To
JAIL

		Terms
		Due on receipt
Item	Description	Amount
LABOR MATERIAL	10-16-17 REPAIRED WATER LEAK IN SHOWER, REPLACED SHOWER VALVE	
	10-17-17 REPAIRED SMALL LEAK ON TOILET, SHOWER CELL 3 LEAKING, BOTTOM OF SHOWERS HAVE PIN HOLES IN THEM	
	LABOR	425.00
	MATERIAL	361.00
Terms: Due upon receipt. Work is completed when invoice is remitted for payment. Delinquent accounts will be charged late fees at the maximum allowed by law. Collection/attorney's fees are the responsibility of the customer. \$25 fee will be charged on all returned checks plus any bank charges.		Total \$786.00

to

Johnny Williams Plumbing

SHIP TO

Sales Tax

DATE	10/18/17	REQUISITION NO.
------	----------	-----------------

[illegible]

1. Please send _____ copies of your invoice.
2. Order is to be entered in accordance with prices, delivery and specifications shown above.
3. Notify us immediately if you are unable to ship as specified.
4. Our order number must appear on all invoices, packages and correspondence.

AUTHORIZED BY:

1. AS A RESULT OF THE RECENT REVISIONS TO THE OFFICE SUPPLY

Johnny Williams Plumbing, LLC

6461 Hwy. 8
Bentley, LA 71407
318-899-5685
LMP 4475



Date	Invoice #
11/1/2017	2017-1239

Bill To
WINN POLICE JURY ATTENTION: KAREN TYLER P O DRAWER 951 WINNFIELD, LA. 71483

Ship To
JAIL



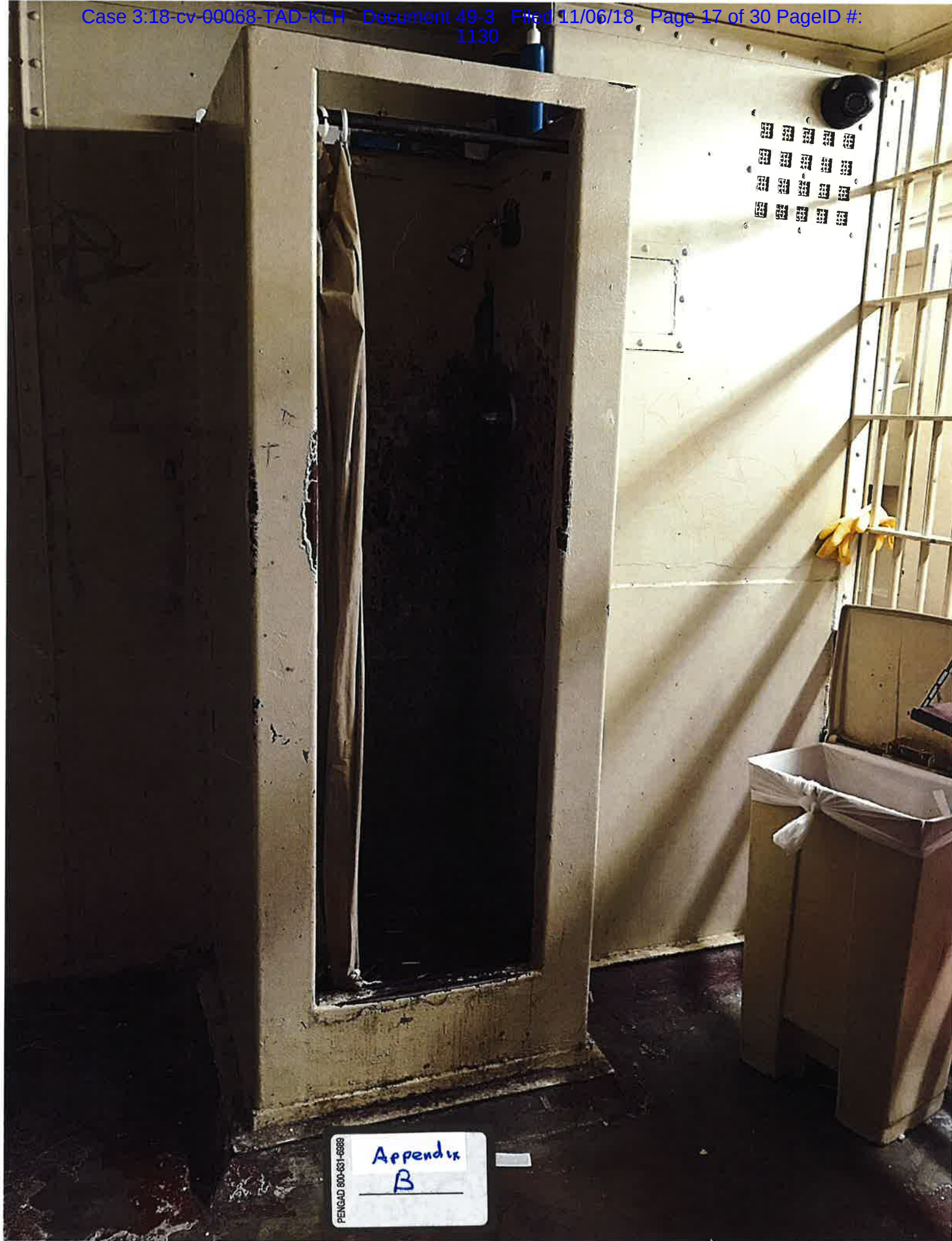
VENDOR 51527-1
GLC 270-01-275-615
INV # 2017-1239

Terms
Due on receipt

Item	Description	Amount
LABOR	10-26-17	
	REPLACED METERING VALVES IN THREE CELLS	
MATERIAL	LABOR	375.00
	MATERIAL	1,745.00

Terms: Due upon receipt. Work is completed when invoice is remitted for payment.
Delinquent accounts will be charged late fees at the maximum allowed by law.
Collection/attorney's fees are the responsibility of the customer. \$25 fee will be charged on all returned checks plus any bank charges.

Total \$2,120.00



PENGAD 800-631-6888
Appendix
B





Jun. 29. 2018 11:37AM

No. 9058 P. 1/2

Jackson Parish Ambulance Service
BILLING OFFICE
115 Watts St
Jonesboro, LA 71251
(888) 357-9977 ext 129
Fax (888) 747-9963

Date: June 29, 2018
To: Ginger
Company: Police Jury
From: Carol B
Re: Ambulance bill for Lane Carter
Fax #: (318) 628-7338

TOTAL NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 2

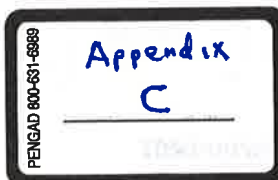
NOTES:

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL BACK IMMEDIATELY AT THE NUMBER LISTED ABOVE.

CONFIDENTIALITY/PRIVACY NOTICE

The information contained in this correspondence is confidential and may contain Protected Health Information (PHI)/Individually Identifiable Health Information, which is legally privileged by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as amended, regarding privacy and security of PHI/Individually Identifiable Health Information, other federal laws and applicable state laws. It is intended specifically for the recipient(s) named above. If you are not the intended recipient, you are hereby notified that reading, copying, distributing or disclosure of this information is strictly prohibited and may be a violation of federal and/or state laws and regulations. The sender has not waived any applicable privilege by sending the accompanying information. If you received this information in error, please notify the sender immediately by phone at (888)357-9977 or (318)747-9977 and destroy the accompanying paper or electronic documents.

30000820175A



Jun. 29. 2018 10:35AM

No. 9044 P. 1/10

Jackson Parish Ambulance Service
BILLING OFFICE
115 Watts St
Jonesboro, LA 71251
(888) 357-9977 ext 129
Fax (888) 747-9963

Date: June 29, 2018
To: Ginger
Company: Police Jury
From: Carol B
Re: Ambulance bill for Lane Carter
Fax #: (318) 628-7336

TOTAL NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 10

NOTES:

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL BACK IMMEDIATELY AT THE NUMBER LISTED ABOVE.

CONFIDENTIALITY/PRIVACY NOTICE

The information contained in this correspondence is confidential and may contain Protected Health Information (PHI)/Individually Identifiable Health Information, which is legally privileged by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as amended, regarding privacy and security of PHI/Individually Identifiable Health Information, other federal laws and applicable state laws. It is intended specifically for the recipient(s) named above. If you are not the intended recipient, you are hereby notified that reading, copying, distributing or disclosure of this information is strictly prohibited and may be a violation of federal and/or state laws and regulations. The sender has not waived any applicable privilege by sending the accompanying information. If you received this information in error, please notify the sender immediately by phone at (888)357-9977 or (318)747-9977 and destroy the accompanying paper or electronic documents.

30000820175A

Jun. 29. 2018 10:35AM

No. 9044 P. 2/10



PATIENT CARE REPORT

Jackson Parish Ambulance Service District
115 Watts Street * Jonesboro, LA 71251
Office: 318-259-2877 Fax: 318-259-2099

Audit: VB
Call #: 882017-5
C. NC
Non-Resident *

PATIENT DATA

Patient: Last Name: Cartes First Name: Gene Middle: D
SSN: 434657854 DOB: 3-26-75 Race: W Sex: M Phone: 318-727-9200

Minor: Guardian Name: _____ SSN: _____ DOB: _____ Phone: _____

Physical Address: 5125 Hwy 501 City: Winnfield State: LA Zip: 71483

Mailing Address: PO Box 950 City: Winnfield State: LA Zip: 71483

Winn Parish Police Jury
Primary Insurance: _____ Policy: PO Box 951 Group: Winnfield LA 71483

Insured Name: _____ DOB: _____ Relationship: _____

Secondary Insurance: _____ Policy: _____ Group: _____

Insured Name: _____ DOB: _____ Relationship: _____

Is this a Work Comp Claim? ☐ YES ☒ NO Prior Authorization #: _____

CALL DETAIL CREW: T2 UNIT: T2 ☒ 911/equivalent ☐ DOA ☐ LERN CONTACTED

Dispatch Date: 8-20-17 Signal/Nature: 21 Loaded Miles: 5

Dispatch Time: 1858 Enroute: 1900 On Scene: 1900 Leave Scene: 1941 At Destination: 1943

Origin Name: Winn Court House (garage) Sending Physician: _____

Address: 119 W Main St City: Winnfield State: LA Zip: 71483

Destination Name: WPMC Receiving Physician: Ike Ugochu

Address: 301 W Bandry City: Winnfield State: LA Zip: 71483

Attendant: Kay Caldwell Signature: Kay Caldwell Cert #: M8046663

Driver: [Signature] Signature: [Signature] Cert #: E1680431

Jun. 29. 2018 10:36AM

No. 9044 P. 3/10

SIGNATURE PAGE

Billing Authorization/Privacy Practices Acknowledgment: I request that payment of authorized Medicare, Medicaid, or any other insurance benefits be made on my behalf to Jackson Parish Ambulance Service District (JPASD) for any services provided to me by JPASD now, in the past, or in the future. I understand that I am financially responsible for the services and supplies provided to me by JPASD, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to JPASD any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to JPASD. I authorize JPASD to appeal payment denials or other adverse decision on my behalf without further authorization. I authorize and direct any holder of medical information (other relevant documentation) about me to release such information to JPASD and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payers or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by JPASD, now, in the past, or in the future. A copy of this form is as valid as an original. Also acknowledge that I have received JPASD's Notice of Privacy Practice.

Signatures:

* Date Signed 8-20-17

Patient Signature: _____

Unable to sign (Reason):

Inmate

(Mark box that applies)

☐ Legal Guardian

☐ Medical Power of Attorney

☐ Relative/other person who receives benefits on behalf of the patient

☐ Relative/other person who arranges treatments or handles the patient's affairs

☒ Representative of an agency or institution that provided care, services, or assistance to the patient

If the patient is mentally or physically incapable of signing, and no authorized representative was available or willing to sign on behalf of the patient at the time of service: **MUST ATTACH FACESHEET**

EMS Signature: _____

Reason unable to sign: _____

Printed Name: _____

Patient Refusal of Treatment: Treatment Refused: _____

Refused Transport to Recommended Facility: _____

By signing below, I understand that I am going against the recommendation of the EMT/Paramedic which is not a replacement for a physician and who can not make a diagnosis. I understand that my decision may delay needed care. I agree to release, indemnify and hold harmless the ambulance service and its officers, members, employees or other agents, and the medical command physician/facility, from any and all claims, actions, cause of action, damages, or legal liabilities of any kind arising out of my decision, or from any act or omission of the ambulance service or its crew, or the medical command physician/facility.

Patient Signature: _____

Date: _____

Time: _____

Patient Belongings: ☒ NONE ☐ Left with/on patient

☐ purse/wallet ☐ keys ☐ meds ☐ pillow ☐ blanket ☐ teeth ☐ glasses ☐ hearing aid ☐ paperwork ☐ jewelry

☐ other: _____

Patient and Belongings Received by: _____

Print Name: Sabrina L. Williams, TEN

Signature: [Signature]

NARCOTICS ☐ Protocol ☐ Ordering MD _____

Signature: _____

Drug Name: _____

Dose: _____

Route: _____

Time: _____

Wasted Amt: _____

Time: _____

Witness(Sign) _____

(print)

LOT# _____

Make copy of run report

Jun. 29. 2018 10:37AM

No. 9044 P. 4/10.

PATIENT HISTORY

PCP: None Allergies: ☐ Denies ☐ NKDA
 Pts/C: Fall out of the shower
 Signs/Symptoms: Pain tailbone, Pain @ leg @ groin, ↑ HR
 PMH: ☐ Afib ☐ Alzheimer's ☐ Anemia ☐ Amputation ☐ Angina ☐ Aphasia ☐ Asthma ☐ Ataxia
☐ Cardiac ☐ Cardiac Arrest ☐ CHF ☐ Contractures ☐ COPD ☐ CVA
☐ Dementia ☐ DM ☐ Dysphagia ☐ Dysphasia ☐ ESRD ☐ Foley ☐ GERD ☐ GI Bleed ☐ HTN ☐ Muscle Disease
☐ Pacemaker ☐ Paralysis ☐ Paresis ☐ Plegia ☐ Peg ☐ Resp Failure ☐ Seizure (USE BACK IF YOU NEED MORE SPACE)
☐ Surgical ☐ Other

CURRENT MEDS:

None

(USE BACK IF YOU NEED MORE SPACE)

ASSESSMENT VIALS ☐ BLS TIME 1940 Height: 62 Weight: 190
(Be descriptive of abnormalities, signs, symptoms)
 Mental Status: CAO
 Skin: cool-dry
 HEENT: per
 Chest: clear
 ABD: soft
 Pelvis/OGU: stable pain groin @ side
 Back: clear
 Arms: PMs x 2 numbness in fingers
 Legs: PMs x 2
 Neurological: WNL
 Pregnancy: N/A G: P: Weeks:
 Decub Ulcer: Location: Stage: Location: Stage:
 Location: Stage: Location: Stage:

VITAL SIGNS

GCS: Eye Opening: 4 Spontaneously 3 To command 2 To pain 1 No response
 Verbal Response: 5 Oriented 4 Confused 3 Inappropriate words 2 Incomprehensible 1 No response
 Motor Response: 6 Obeys Commands 5 Localizes pain 4 Withdraws from pain 3 Flexion 2 Extension 1 No response

Time: 1940 B/P: 131/83 P: 110 R: 16 SPO2: 99 BG: T: Pain: 6 GCS: 4 5 6 15
 Time: 1943 B/P: 121/80 P: 109 R: 16 SPO2: 100 BG: T: Pain: 6 GCS: 4 5 6 15
 Time: B/P: P: R: SPO2: BG: T: Pain: GCS:

Jun. 29. 2018 10:38AM

No. 9044 P. 5/10

Treatments/Interventions/Diagnostics Tools (if additional space is needed -- please attached treatment sheet)

Time: 1940	Type: ALS Assessment	Reason: establish baseline	Outcome: Fall from shower
Time: 1925	Type: C-Collar	Reason: Fall	Outcome: +
Time: 1940	Type: vitals	Reason: monitoring	Outcome: ↑ HR
Time: 1941	Type: EKG 4 lead	Reason: monitoring	Outcome: Sinus tach
Time: 1943	Type: vitals	Reason: monitoring	Outcome: ↑ HR
Time:	Type:	Reason:	Outcome:
Time:	Type:	Reason:	Outcome:
Time:	Type:	Reason:	Outcome:

Medically Necessity --

(MUST BE COMPLETED ON EVERY CALL) (Please complete the section that applies to your patient)

[] Bed Confinement Status

- [] Unable to get up from bed without assistance (Reason: _____)
- [] Unable to ambulate (Reason: _____)
- [] Unable to sit in a chair/wheelchair (Reason: _____)

[] Need for Continuous Supervision (if cardiac monitoring -- attach EKG to back page)

What did you monitor? ☒ Hemodynamic ☒ Cardiac [] IV [] SP O2 [] CBG ☒ PT Positioning [] Neuro
Other: _____

[] Physical Restraint Status

- [] Patient was/potential for self-harm and/or danger to others (Why: _____)
- [] Patient is/potential for flight risk (Why: _____)

[] Dependence on Other Enabling Machines or Devices

- [] IV Fluids
- [] Oxygen secondary to [] Hypoxia [] Other _____
- [] BIPAP [] CPAP [] Ventilator [] LVAD [] SIMV [] Other _____

Jun. 29. 2018 10:38AM

No. 9044 P. 6/10

MVA	<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian	<input type="checkbox"/> Single Car <input type="checkbox"/> Multi-car	<input type="checkbox"/> ATV <input type="checkbox"/> Motorcycle
FALL	<input checked="" type="checkbox"/> Slip/trip/stumble <input type="checkbox"/> Bed <input type="checkbox"/> Toilet <input type="checkbox"/> Other	<input type="checkbox"/> Hi of fall:	
Restraints	Physical: <input type="checkbox"/> Arm <input type="checkbox"/> Leg <input type="checkbox"/> Vest <input type="checkbox"/> Other		
Chemical	List Meds:		
Bed Confined	Before Transport was pt bed confined?	YES or NO	After Transport was pt bed confined? Yes or NO
NOTE:		Unable to get up from bed without assistance; Unable to ambulate; and Unable to sit in a chair/wheelchair	
All 3 conditions must be met in order for patient to be bed confined			
Hospital to Hospital Transfer Reason (Be specific: List physician, test, procedure that is not available at the sending facility)			
Stretcher Reason (mark all that apply)	<input type="checkbox"/> Airway Control <input type="checkbox"/> AMS <input type="checkbox"/> Bed Bound <input checked="" type="checkbox"/> Cardiac Monitoring <input type="checkbox"/> Chemical Restraint <input type="checkbox"/> Coccyx/Decub 3+ <input type="checkbox"/> Danger to self/others <input type="checkbox"/> Fall Risk <input type="checkbox"/> Fetal Contractions <input type="checkbox"/> Flight Risk <input type="checkbox"/> Fracture <input checked="" type="checkbox"/> Hemodynamic Monitoring <input type="checkbox"/> Isolation <input type="checkbox"/> Pain 7+ <input type="checkbox"/> Oxygen Therapy <input type="checkbox"/> Patient Safety <input type="checkbox"/> Spinal Immobilization <input type="checkbox"/> Other:		

NARRATIVE

(Be very descriptive. Document your call from time of dispatch to transfer of care)

WPSD called with Signal 21 to the jail (Inmate).
 Pt is a 42yo/w/m pt was found supine on the floor outside of the shower. Pt says his flip flop got hung in the grate and he fell out of the shower backwards landing on his butt. Pt complains of pain in his tailbone and low back, pain in leg @ groin and numbness in his fingers both hands.
 Collar placed on pt. Pt was log rolled onto 3rd man picked up and carried down 3 flights of stairs to the stretcher and secured. ALS assessment performed. Vitals taken and noted BP 131/83 HR 110T Resp 16 Sat 99. Pain 6-tailbone BCS 15. EKG sinus tach. Pt was monitored enroute to WPMC. Incident's charges. Pt report called to Sabrina. Pt's care was left with ER nursing staff WPMC. ER Lm 5.

KP

m8046663

Jun. 29. 2018 10:39AM

No. 9044 P. 7/10

Certification of Ambulance Transportation

Recipient Name: <u>Dane Carter</u>	Origin: <u>119 Main St Winnfield LA 71483 Jan 1</u>
Card Number: _____	Destination: <u>WinnPos Court House</u>
Date of Transport: <u>8-20-17</u>	Address: <u>Winnfield LA 71483</u>

Section I (To be completed by MD/PA/NP/CNS/RN/DON)

Patient requires the level of medical transportation noted below:

<input type="checkbox"/>	Emergency Ambulance: Pts medical condition requires immediate transport and may require medical treatment en route. Describe the medical condition of the patient which requires this type of transport: <u>Fall</u>
<input type="checkbox"/>	Non-Emergency Ambulance: The pt is bed-confined (i.e., unable to get up from bed without assistance, unable to ambulate, and unable to sit in chair/wheelchair, and requires non-emergency ambulance transport, either scheduled or unscheduled, or the pt may require some simple medical care en route, but is stable and is not likely to require the attendance of an EMT. Describe the medical condition of the patient which requires this type of transport:
<input type="checkbox"/>	Non-Emergency Ambulance: Patient will require transportation _____ times a week during the months of _____ (yr) _____ to receive (dialysis, radiology, physical therapy) (Dialysis can be authorized for 2 consecutive months).
<input type="checkbox"/>	Non-Ambulance, Non-Emergency: Patient is stable, not expected to require any medical attention en route, is ambulatory or wheelchair bound, and can be transported in an automobile or van.

Section II: Patient transported to the above named facility for the following reason:

<input type="checkbox"/>	Nearest Facility
<input type="checkbox"/>	Preference of Physician
<input type="checkbox"/>	The patient needs services available there: (List: _____)
<input type="checkbox"/>	Other (describe): _____

Section III: (To be completed by the treating MD/PA/NP/CNS/RN/DON)

Note to medical professional: Signing this certification indicates that, in your professional judgment, transportation of the above named patient was necessary based on the patient's condition and in accordance with the statements in Section I above. Payment and satisfaction of this claim will be from federal and state funds; any false claims, statements, documents, or concealment of a material fact may be prosecuted under applicable federal or state laws.

<input type="checkbox"/>	I have read the above certification and I have read and understand the instructions
<input type="checkbox"/>	I agree with the determination
<input type="checkbox"/>	I disagree with the determination for the following reasons:

Signature of MD/PA/NP/CNS/RN/DON: S. Kuhlmann, MD Printed Name/Title: S. Kuhlmann, MD Date: 8-20-17

Signature of EMT: <u>[Signature]</u>	Printed Name: <u>Sharon</u>	Nat'l EMT #: <u>E/690831</u>	Date: <u>8-20-17</u>
Signature of EMT: <u>[Signature]</u>	Printed Name: <u>Kay Caldwell</u>	Nat'l EMT #: <u>M8046063</u>	Date: <u>8-20-17</u>

Jackson Parish Ambulance Service District
115 Watiss Street * Jonesboro, LA 71251

Office: (318)-259-2891
Fax: (318)-259-2099

Jun. 29. 2018 10:40AM

No. 9044 P. 8/10



Jackson Parish Ambulance Service District

115 Watts Street
 Jonesboro, LA 71251
 Office: (318)-259-2891
 Fax: (318)-259-2099

Medicare Transport Request Form

Patient Name: _____

☐ Appointment ☐ Transfer ☐ Discharge

Reason for Appointment (Diagnosis/Medical Condition) _____

Reason for Transfer: ☐ Cardiologist ☐ Nephrologist ☐ Orthopedic ☐ Surgeon ☐ Psychologist ☐ Dialysis ☐ Rehab ☐ Oncologist

☐ Other (List test/specialist not available): _____

Reason this patient can only go by stretcher or ambulance: (MARK ALL THAT APPLY)

Stretcher Reason: _____

<input type="checkbox"/> Restraints <input type="checkbox"/> Wrist <input type="checkbox"/> Vest <input type="checkbox"/> Arm <input type="checkbox"/> Leg	<input type="checkbox"/> Chemical Restraint (List Med(s): _____)
<input type="checkbox"/> Danger to self/others	<input type="checkbox"/> Fall Risk (posture instability, unable to balance or position self)
<input type="checkbox"/> Oxygen Administration	<input type="checkbox"/> Cardiac Monitoring
<input type="checkbox"/> Vent Monitoring	<input type="checkbox"/> Positioning
<input type="checkbox"/> Airway Monitoring	<input type="checkbox"/> Suctioning
<input type="checkbox"/> Rigid Extremity (List: _____)	<input type="checkbox"/> Contractures <input type="checkbox"/> Fetal <input type="checkbox"/> List Others: _____
<input type="checkbox"/> Spinal Immobilization	<input type="checkbox"/> Fracture <input type="checkbox"/> Hip <input type="checkbox"/> Skull <input type="checkbox"/> Femur <input type="checkbox"/> Tib/Fib <input type="checkbox"/> Spinal Date of FX: _____
<input type="checkbox"/> Obesity (Weight: _____)	<input type="checkbox"/> Isolation (Illness: _____)
<input type="checkbox"/> Paresis <input type="checkbox"/> Hemiparesis <input type="checkbox"/> Paraparesis <input type="checkbox"/> Monoparesis <input type="checkbox"/> Quadriparesis	
<input type="checkbox"/> Plegia <input type="checkbox"/> Hemiplegia <input type="checkbox"/> Paraplegia <input type="checkbox"/> Monoplegia <input type="checkbox"/> Quadriparaplegia	
<input type="checkbox"/> Decub Ulcer <input type="checkbox"/> Sacrum <input type="checkbox"/> Back <input type="checkbox"/> Coccyx <input type="checkbox"/> Back	Ulcer Stage: _____

Is this patient bed bound as defined by CMS: That is: Is this patient unable to get up from bed without assistance, unable to ambulate without assistance, and unable to sit in a chair/wheelchair without restraints. ☐ YES ☐ NO

Can this patient be transported safely by any other means without a medical attendant? ☐ YES ☐ NO

PEG TUBE: ☐ No Qualified personnel to insert ☐ Number of times attempted to unclogged or re-insert _____

Physician Signature: _____

Date: _____

Physician (print): _____

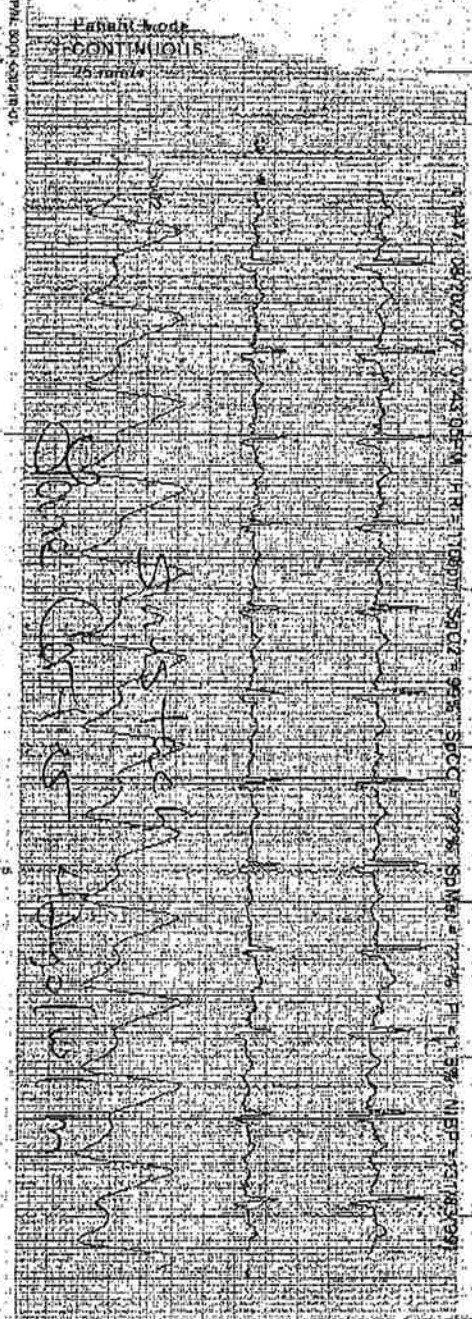
NOTES: _____

(RN, NP, Discharge Planner may sign only if MD is unavailable)

(If this is a pre-scheduled appointment, the PCP must sign form)

No. 9044 . . P. 9/10

ATTACH EKG STRIP TO THIS PAGE:



Jun. 29. 2018 10:41AM

No. 9044 P. 10/10

WINN PARISH JAIL

Booking Sheet: WPJ0000020111

Page: 1

ID #: 2013060061
 Name: CARTER, LANE DANIEL
 Address: 6126 HIGHWAY 501
 WINNFIELD, LA 714830000
 Phone(Home/Business): (318) 727-9202 (318) 000-0000
 DOB: 3/26/1975 Age: 42 YRS Height: 6-1
 Race: W Sex: M Weight: 190
 Eyes: GRN Ethnicity: U Appearance: 10
 Hair: BLD Resident: N Build: 2
 Scars/Marks/Tattoos: Complexion: LGT Birth Place: NATCHITOCHE LA
 Employer: FBI ID: IdentA:
 SSN: 434-65-7854 DL No.: 005890376 LA State ID:

Booking Date: 07/13/17 Time: 15:08 Transfer(Y/N)? Facility: WPJ
 Arrest Date: 07/13/17 Time: 15:08 Booking Officer: 2014020039 HANNEGAN, PAUL
 Arresting Agency: WPSO Cell Assignment: 3
 Officer: 2012030071 FANNIN, KELLY Status: PRES Class: PARISH
 Location: Winnfield La Holding For:
 Searched By: VINES Phone Call: Sentence Date: 11 0:00
 CLOTHING: Y NCIC: DNA: Scheduled Release: 11 0:00
 METAL: WARRANT: Probation Off/Atty:
 PAT: Y PRINTS: Bondsman:
 STRIP: Y PHOTO: Y Supplemental To:
 CAVITY: AFIS: Y Drug Screen:

Cash: \$100.00 Vehicle Information:

Vehicle Location:

Property Description:

Property Location: BIN-6

PANTS-2 SHIRTS-SHARPIE PEN-WATCH 2 RINGS KEYS - MONEY - IN SAFE

Seq.No.	Code	Description:	OFFENSES	Court	Bond Amt:	Bond Type:
Notes:	Statute (RSA)	Incident Number	Warrant Number	Fel/Misd	Fine Amount:	
1	D12 40:967(A)	DISTRIBUTION OF SCHEDULE II DRUGS		8TH F	0.00 0.00	
2	D12 40:967(A)	DISTRIBUTION OF SCHEDULE II DRUGS		8TH F	0.00 0.00	

JAIL PROPERTY ISSUED

Item Code/Description:	Serial No.	Inventory No.
Date/Time:	Issued by:	Condition:
Quantity:	Cost:	Total Cost:
MATT SHEETS BLANKET CUP SPORK		
07/13/2017 16:18 2014020039		
0	0.00	0.00